



Central Park — Facility Use Application/Permit

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| <input type="checkbox"/> Teen Center — Main Hall & Kitchen | <input type="checkbox"/> Fremont Community Center — Main Hall & Kitchen |
| <input type="checkbox"/> Shinn Historic Park | <input type="checkbox"/> Central Park Visitor Center — Conference Room |
| <input type="checkbox"/> Performance Pavilion | <input type="checkbox"/> Additional Location _____ |

DATE OF EVENT: _____ START TIME: _____ END TIME: _____

TYPE OF EVENT: _____ NUMBER OF PEOPLE: _____

NAME: _____ ORGANIZATION: _____

PHONE: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

- ☐ YES ☐ NO Will there be amplified music? (DJ, Band, Large Speakers)
- ☐ YES ☐ NO Will other services be provided (caterer, performer, etc.)?
- If yes, list vendors: _____
- ☐ YES ☐ NO Will the public be invited to your event?
- ☐ YES ☐ NO Will this event be advertised? ☐ Online ☐ Radio ☐ Flyers ☐ Other: _____
- ☐ YES ☐ NO Will alcohol be served? (If yes, only beer, wine & champagne can be served)
- ☐ I am requesting to serve alcohol from _____ AM/PM to _____ AM/PM (4 HOUR TIME LIMIT)
- ☐ I understand that I must provide adult supervision to prevent consumption of alcohol by minors.
- ☐ I will not charge or solicit donations for admission to the event, including the provision of alcohol.
- ☐ I and/ or my organization understands that money cannot be exchanged at my event.
(i.e.: donations, solicitation, collections)
- ☐ I and/ or my organization understand that signs/decorations must be removed at the end of my event and cannot obstruct or damage City signs and property.
- ☐ I and/or my organization have read and understand the Facility Use Rules, Guidelines, and Policies.
- ☐ I and/or my organization expressly certify that I and/or my organization will be responsible for any damage or loss sustained to the grounds, building, furnishings or equipment; or unusual clean-up required, as a result of my and/or

ACCEPTED	PROCESSED
DATE: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Client class: I II III IV V VI
TIME: _____	Fee(s): \$_____ Deposit(s): \$_____ Total: \$_____
	<input type="checkbox"/> CC (Visa / MC) <input type="checkbox"/> Check #_____ <input type="checkbox"/> Cash